

STANDARD CERTIFICATE OF DEATH

State File No. **34386**
Registrar's No. **9318**

FILED NOV 6 1948 **318**

Registration District No.

Primary Registration District No.

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4335a Penrose Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Arthur Kusky

3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Male O 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Kusky nee Herchenreder
6. (c) Age of husband or wife If alive 59 years
7. Birth date of deceased December 15th, 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Noon Day Club

12. Name Herman Kusky

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Martina Keevens

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Kusky

(b) Address 4335a Penrose Street

17. (a) Burial (b) Date thereof 10/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) OCT 28 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4335a Penrose Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1948 hour 5 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 27 to Nov. 1
that I last saw him alive on July 28 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Embolism
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

Accident, suicide, or homicide (specify) Accident

Date of occurrence 7-28-48

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work (Specify type of place) _____

(e) Means of injury As Above

23. Signature R. J. Riegler (M. D. or other) _____

Address 4138 Newstead Date signed 10/28/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John A. Minn
Licensed Embalmer No. 486
P. O. Address J. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.